

TRANSPORTATION

Nevada assures the availability for recipients of necessary transportation to and from medical providers in the following ways:

Medicaid applicants are informed verbally and in writing of the availability of transportation services.

Transportation must be:

1. Medically necessary;
2. Only to and from Nevada Medicaid covered services; and
3. By the least expensive means available which is consistent with the recipient's medical condition.

Covered transportation services are by:

1. Private car;
2. Taxi;
3. Bus;
4. Airline;
5. Medi-car or van;
6. Ambulance; and
7. Air ambulance.

An attendant's costs are covered if medically necessary.

Medicaid does not reimburse the costs of:

1. Meals and lodging;
2. Non-emergency travel which had not been prior authorized;
3. Transportation to non-covered medical services; or
4. Ambulance charges for waiting time, stairs, plane loadings and in-town mileage.

Emergency transportation needs no authorization. Local and out-of-town transportation is authorized by the local State Welfare district office. Out-of-state travel is authorized by the Nevada Medicaid Office. Recipients contact the district office to obtain prior authorization.

Ambulance service is billed directly to the fiscal agent. Non-emergency travel is billed on Form NMO-8 with appropriate receipts or ticket stubs attached. Local public carriers bill directly to the fiscal agent. Private, out-of-town and out-of-state carriers sent claims to the Welfare Division district office.

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